

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L55836

1. Entity Name
NATIVE POOL & SPA, INC.



FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90377 048 ***150.00

Principal Place of Business
1731 NE 64TH ST
FT LAUDERDALE, FL 33334 US

Mailing Address
1731 NE 64TH ST
FT LAUDERDALE, FL 33334 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-0178273 Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired
\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYNES, DAVID A.
1731 N.E. 64TH STREET
FORT LAUDERDALE, FL 33334

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	Delete
NAME	HAYNES, DAVID A.	
STREET ADDRESS	1731 N.E. 64TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE	D	Delete
NAME	HAYNES, SHEA E. HUNT	
STREET ADDRESS	1731 N.E. 64TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2008

Date

Daytime Phone #